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<i>WILLIAM R. LYON</i>	(Depositor's name)
<i>William R. Lyon</i>	(Signature)
<i>January 28, 2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,839	07/23/2001	David B. Kay	P01649-US-00	3919

TITLE OF INVENTION:

SYSTEM AND METHOD FOR MEASURING THE QUALITY OF INFORMATION RETRIEVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$1020	03/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAHM, CLEMENT B	3692	705-040000 <i>01/28/2008 TNGUYEN3 00000020 09911839</i>

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent frontpage: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CONSONA CRM INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INDIANAPOLIS, INDIANA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

William R. Lyon

Date

1/28/2008

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Registration No.

57,124

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